

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400003	C	IIY OR IOWN WRENTHAM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: FRANKLIN C	OUNTRY CLUB	
DOING BUSINESS A		
ADDRESS EAST CENTRAL ST		
CITY/TOWN: WRENTHAM	STATE: MA	ZIP CODE: 02093
MANAGER: SARRAZIN, STEPHEN A.	TYPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMAI	IL ADDRESS
DESCRIPTION OF LICENSED PRE	EMISES:	
ROUTE 140 EAST CENTRAL STRI TO BE IN WRENTHAM. WOODEN		FRANKLI N TOWN LINE, LICENSE SLAB FIRST FLOOR
I hereby certify and swear under pena	lties of perjury that:	
1. the renewed license will be	e of the same type for the sa	me premises now licensed;
2. the licensee has complied	with all laws of the Common	nwealth relating to taxes; and
3. the premises are now open	for business (If not explain	below)
SIGNED BY:		
	rtner or Authorized Corpora	te Officer
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
I LLLI I	IONE NOVIDER.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	g inspector and the head o	tertificate required by Chapter 304 of the of the fire department for the above named
_	uor nability insurance req	uired by Chapter 116 of the Acts of 2010.
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY
DISAPPROVED:		By:
(If disapproved explain)		
(ii disappioved explain)		 -
DATE:		
APPLICATION FOR RENEWAL MUST BE FILED	BY LICENSEES DURING THE MON	TH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 151400006		CITY OR TOWN	WKENIH	AIVI
APPLICATION FOR	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WRENTHAM PU	JB CORP.			
DOING BUSINESS	A MR. DOOLEY'S	S OLD IRISH PUB			
ADDRESS 303 SHE	ARS ST.				
CITY/TOWN: WRI	ENTHAM	STATE: MA	ZIP CODE:	02093	
MANAGER: SOM	ERS, JOHN J. TY	PE OF LICENSE: Res	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREM	ISES:			
ONE AND ONE HAD LOUNGE, KITCHEN		ORE OR LESS ON THOOM.	E GROUND FLOO	OR; WITH BA	AR,
I hereby certify and s	wear under penaltie	es of perjury that:			
1. the renewe	ed license will be o	f the same type for the	same premises nov	v licensed;	
2. the license	ee has complied wit	th all laws of the Comm	nonwealth relating	to taxes; and	
3. the premis	ses are now open fo	r business (If not expla	in below)		
SIGNED BY:	Late that Down	A. dhani 1 Canna	Off		
	individual, Partne	er or Authorized Corpo	rate Officer		
DATE:			EMPLOYE	D IDENTIFICATI	CION NUMBER
DATE.	TELEPHO	NE NUMBER:		R IDENTIFICAT dividual Social S	
			· —		, , , , , , , , , , , , , , , , , , , ,
		re in possession (1) the aspector and the head			
		r liability insurance re			
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:			-		
(If disapproved expla	in)				
DATE:					
DAIE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 151400007		CITY OR TOWN WRENTHA	IVI
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 20	13
		CLASS	•	YEAR
LICENSEE NA	AME: GEO. W. MA	ACINNIS POST #225 AM	M. LEGION	
DOING BUSIN	NESS A			
ADDRESS 592	2 SOUTH ST.			
CITY/TOWN:	WRENTHAM	STATE: MA	ZIP CODE: 02093	
MANAGER:	DESCHAMPS, ROBERT	TYPE OF LICENSE:	Club CATEGORY:	All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PI	REMISES:		
	, BAR, STORE ROC R, AND OFFICE.)M, GAME ROOM, & K	ITCHEN. ONE FLOOR W/ HALL,	SMALL
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	he same premises now licensed;	
2. the 1	licensee has complie	d with all laws of the Cor	mmonwealth relating to taxes; and	
3. the	premises are now op	en for business (If not ex	plain below)	
SIGNED BY:				
SIGNED D1.	Individual, P	Partner or Authorized Cor	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICATI	ON NUMBER:
	1 222	. 1101 (2 1 (0)) 2211	(Note: NOT Individual Social Se	curity Number)
			the certificate required by Chapte	
			ead of the fire department for the a e required by Chapter 116 of the A	
Please Check Belo		iquor nuomoj mourumet		
APPROVED:	<u>5w:</u>		LOCAL LICENSING AUTHO	RITY
DISAPPROVE	ED:		By:	
(If disapproved	l explain)			
	-			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16 <i>A</i>	A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 151400011		CITY OR TOWN	WRENTHA	AM
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	RED ROOSTER PU	B LLC			
DOING BUSINESS	A				
ADDRESS 510 WA	SHINGTON ST.				
CITY/TOWN: WR	ENTHAM	STATE: MA	ZIP CODE:	02093	
MANAGER: LIGH J.	HTIZER, JOHN TYPE	E OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
ONE FLOOR TWO I hereby certify and s 1. the renew 2. the licens	swear under penalties of yed license will be of the ee has complied with a ses are now open for b	ES: of perjury that: ne same type for the all laws of the Commusiness (If not expl	same premises now monwealth relating to ain below)		
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are in d by the building insp certificate of liquor li	ector and the hea	d of the fire departn	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	151400014		CITY OR TOWN	WRENTHAM
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MACNAN OF V	WRENTHAM, INC.		
DOING BUSINESS A	A WAMPUM CO	ORNER WINES & L	IQUORS	
ADDRESS 660 SOUT	TH STREET			
CITY/TOWN: WRE	NTHAM	STATE: MA	ZIP CODE:	02093
	TTYRE, TELA M.	YPE OF LICENSE:	Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF L				
ONE STORY BLDG. SEPARATE STORAG			S; 2 OVER- HEAD DO	OOR ENTRANCES;
2. the license	e has complied w		he same premises now mmonwealth relating to plain below)	
SIGNED BY:	Individual, Partr	ner or Authorized Cor	porate Officer	
DATE:	TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400015		CITY OR TOWN	WRENTH	AM
APPLICATION FOR RENEWAL	: Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: WRENTHA DOING BUSINESS A MIKE'S LI	_	C.		
ADDRESS 80 RANDALL ROAD				
CITY/TOWN: WRENTHAM	STATE: MA	ZIP CODE:	02093	
MANAGER: LORUSSO, MICHAEL E	TYPE OF LICENSE:Pa	ackage Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LICENSED P	REMISES:			
FIRST FLOOR STORE WITH ST	ORAGE ROOM AT THE	REAR.		
I hereby certify and swear under pe	enalties of perjury that:			
1. the renewed license will	l be of the same type for th	e same premises now	licensed;	
2. the licensee has complied	ed with all laws of the Con	nmonwealth relating t	o taxes; and	
3. the premises are now or	oen for business (If not exp	lain below)		
SIGNED BY: Individual, I	Partner or Authorized Corp	oorate Officer		
DATE: TELE	EPHONE NUMBER:			ΓΙΟΝ NUMBER:
		(Note: <u>NOT</u> Inc	lividual Social S	Security Number)
Please Check Below: APPROVED:		LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
(11 disapproved enpidin)				
DATE:		-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 151400017		CITY OR TOWN	WRENTHA	AM
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	MICHAEL SO	COURAS			
DOING BUSINESS	A NICKY'S				
ADDRESS 460 FRA	ANKLIN STREE	ET			
CITY/TOWN: WR	ENTHAM	STATE: MA	ZIP CODE:	02093	
	URAS, HAEL	TYPE OF LICENSE: Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
FULL SERVICE RE	ESTAURANT W	//KITCHEN.			
SIGNED BY:		n for business (If not explanation or Authorized Corporation)			
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TON NUMBER: ecurity Number)
Acts of 2004, signe	d by the buildir	e are in possession (1) th ng inspector and the head quor liability insurance r	l of the fire departn	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	 ain)				
(areapproved expir	/				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

	C	ITY OR TOWN W	RENTHAM
APPLICATION FOR RENEWAL:	Annual	LICENSEI	O FOR 2013
	CLASS		YEAR
LICENSEE NAME: 800 WASHINGTON S	STREET, INC.		
DOING BUSINESS A LUCIANO'S			
ADDRESS 800 WASHINGTON STREET			
CITY/TOWN: WRENTHAM	STATE: MA	ZIP CODE: 0	2093
MANAGER: CANOVA, TYPE C LUCIANO	OF LICENSE: Resta	urant CATI	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICENSED PREMISES	:		
LOBBY, LOUNGE SIX DINING/FUNCTIC ROOM, DISHWASHING ROOM, FIRST FI AND STROAGE ROOM.			
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	same type for the sa	me premises now lice	ensed;
2. the licensee has complied with all	laws of the Commo	nwealth relating to ta	xes; and
3. the premises are now open for bus	siness (If not explain	below)	
SIGNED BY:			
Individual, Partner or	Authorized Corpora	te Officer	
	Authorized Corpora	te Officer	
	Authorized Corpora	te Officer	
			ENTIFICATION NUMBER:
Individual, Partner or		EMPLOYER ID	ENTIFICATION NUMBER: ual Social Security Number)
Individual, Partner or	NUMBER: possession (1) the c ctor and the head o	EMPLOYER ID (Note: <u>NOT</u> Individ ertificate required l f the fire departmen	oy Chapter 304 of the above named
Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspecticense and (2) the certificate of liquor liab	NUMBER: possession (1) the c ctor and the head o pility insurance req	EMPLOYER ID (Note: <u>NOT</u> Individ ertificate required l f the fire departmen	by Chapter 304 of the at for the above named 16 of the Acts of 2010.
Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspecticense and (2) the certificate of liquor liable Please Check Below: APPROVED:	NUMBER: possession (1) the cetor and the head of bility insurance req	EMPLOYER ID (Note: NOT Individ ertificate required I f the fire departmen uired by Chapter 1	by Chapter 304 of the at for the above named 16 of the Acts of 2010.
Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspecticense and (2) the certificate of liquor liable Please Check Below: APPROVED: DISAPPROVED:	NUMBER: possession (1) the cetor and the head of bility insurance req	EMPLOYER ID: (Note: NOT Individer in the fire department in the fire department) (Note: NOT Individed in the fire department) (Note: NOTE: NO	by Chapter 304 of the at for the above named 16 of the Acts of 2010.
Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspecticense and (2) the certificate of liquor liable Please Check Below: APPROVED:	NUMBER: possession (1) the cetor and the head of bility insurance req	EMPLOYER ID: (Note: NOT Individer in the fire department in the fire department) (Note: NOT Individed in the fire department) (Note: NOTE: NO	by Chapter 304 of the at for the above named 16 of the Acts of 2010.
Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspecticense and (2) the certificate of liquor liable Please Check Below: APPROVED: DISAPPROVED:	NUMBER: possession (1) the cetor and the head of bility insurance req	EMPLOYER ID: (Note: NOT Individer in the fire department in the fire department) (Note: NOT Individed in the fire department) (Note: NOTE: NO	by Chapter 304 of the at for the above named 16 of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 151400027		CITY OR TOV	WN WRENTHA	AM
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: LAKE PEARL R	ESTAURANT MAN	AGEMENT, LLC		
DOING BUSINESS	S A LAKE PEARL	LUCIANOS			
ADDRESS 299 CR	EEK STREET				
CITY/TOWN: WI	RENTHAM	STATE: MA	ZIP CODE	i: 02093	
MANAGER: WHA.	HITE,PATRICIA TY	PE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREM	ISES:			
LARGE BALLROOR ROOM/RESTAUR	OM WITH 2 BARS,) TO PARKING LOT 1 FUNCTION RM W ΓAIL LOUNGE, 1 CO REAR GAZEBO	ITH 1 BAR, 1 I	FUNCTION	
I hereby certify and	swear under penaltie	es of perjury that:			
1. the rene	wed license will be o	f the same type for th	e same premises	now licensed;	
2. the licen	isee has complied with	th all laws of the Com	monwealth relati	ng to taxes; and	
3. the prem	nises are now open for	or business (If not exp	lain below)		
SIGNED BY:	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICAT Individual Social S	
Acts of 2004, sign	ed by the building in	re in possession (1) the nspector and the hear r liability insurance	d of the fire dep	artment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	1-1-0				
(If disapproved exp	iaiii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 151400030		CITY OR TOWN WRE	NTHAM
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME	E: RUBY TUESDAY	, INC		
DOING BUSINES	S A RUBY TUESDA	Y		
ADDRESS 1 PREM	MIUM OUTLETS BLV	VD		
CITY/TOWN: WI	RENTHAM	STATE: MA	ZIP CODE: 02093	3
MANAGER: DR ME	YJOWICZL,JAI TYF	PE OF LICENSE: Rest	aurant CATEGO	RY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
	F LICENSED PREMIS			
	2. ENTRANCE AND		AREA, BAR, WAITING A BLDG AND REAR ENTE	
 the rene the licer 		the same type for the same all laws of the Comm	name premises now licensed onwealth relating to taxes; n below)	
SIGNED BY:	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTII (Note: <u>NOT</u> Individual So	FICATION NUMBER:
Acts of 2004, sign	ed by the building ins	pector and the head	certificate required by C of the fire department for quired by Chapter 116 of	r the above named
Please Check Below:			LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp	lain)			
(II disappioved exp	nam)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400031		CITY OR TOWN	WRENTHA	M
APPLICATION FOR RENEWAL	: Annual	LICENS	ED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: MICBETH, DOING BUSINESS A MICHAEL ADDRESS 305 SHEARS STREET	LS DELI & CAFE			
CITY/TOWN: WRENTHAM	STATE: MA	ZIP CODE:	02093	
MANAGER: LEWICKI, MICHAEL	TYPE OF LICENSE:Pa	ackage Store CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSED P				
FREE STANDING BUILDING, 1	600 SQ. FT. WITH FULL	BASEMENT.		
2. the licensee has complied 3. the premises are now operations of the premises are now operations. SIGNED BY: Individual, 1		lain below)	uxes, und	
DATE: TELE	EPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	NG AUTHO	DRITY
DATE: APPLICATION FOR RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.)	GI. Ch 138 \$ 16	A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 151400032		CITY OR TOWN	WRENTHA	AM
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 667 SOU		С.			
CITY/TOWN: WR	ENTHAM	STATE: MA	ZIP CODE:	02093	
MANAGER: DI B	ASE,DERECK TYP	E OF LICENSE:Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS		
	LICENSED PREMIS			DEAD	
	BLDG. SMALL POF E BOOTHS ACROSS				
2. the licens	red license will be of the ee has complied with ses are now open for limits. Individual, Partner	all laws of the Com	monwealth relating to ain below)		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	pector and the head	d of the fire departr	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED: [(If disapproved explain	ain)		Ву:		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 151400033		CITY	OR TOWN	WRENTHA	AM
APPLICATION FO	R RENEWAL:	Annua	I	LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME:	NASCIMENTO M	MENDES				
DOING BUSINESS	A VILLA DIANA	RESTAURANT	AND LOU	NGE		
ADDRESS 1230 SO	OUTH ST					
CITY/TOWN: WR	ENTHAM	STATE:	MA Z	IP CODE:	02093	
	NDES, TY SCIMENTO	PE OF LICENS	E:Restauran	t CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER Y	OUR EMAIL ADI	DRESS		
DESCRIPTION OF	LICENSED PREMI	SES:				
BUILDING CONSIS BASEMENT. THE						AND A
	see has complied with sees are now open for Individual, Partne	r business (If not	explain bel	ow)	o taxes; and	
	,					
DATE:	TELEPHON	NE NUMBER:		EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
_	d, attest that we are d by the building in certificate of liquor	spector and the	head of th	e fire departı	nent for the	above named
Please Check Below:			LO	CAL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [(If disapproved explain	 ain)					
(ii disappioved explo	u,					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 151400034		CITY OR TOWN	WRENTHA	AM
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
	UR OF WRENTHAM, A UNO CHICAGO GR				
CITY/TOWN: WRE		STATE: MA	ZIP CODE:	02093	
MANAGER: DULI		OF LICENSE: Res		ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR WEBSIT		IAIL ADDRESS		
	ICENSED PREMISES AREA OF THE EXISTI		T WHICH INCLUE	DES THE PA	TIO
2. the license	ed license will be of the see has complied with all es are now open for bus	laws of the Comn	nonwealth relating to		
	Individual, Partner or A	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICAT	
Acts of 2004, signed	, attest that we are in p by the building inspec ertificate of liquor liab	tor and the head	of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15140003	3	CITY OR TOWN WRENT	ПAIVI
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: CTR RES	TAURANT GROUP INC.		
DOING BUSINESS A THE TA	VERN AT WRENTHAM		
ADDRESS 263 SHEARS STRE	ET		
CITY/TOWN: WRENTHAM	STATE: MA	ZIP CODE: 02093	
MANAGER: SMITH, DOUGI T.	AS TYPE OF LICENSE: Re	estaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED			
RESTAURANT LOCATED AT	263 SHEARS STREET		
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	ill be of the same type for the	e same premises now licensed;	
2. the licensee has comp	lied with all laws of the Com	monwealth relating to taxes; an	d
3. the premises are now	open for business (If not expl	lain below)	
SIGNED BY:			
Individual	l, Partner or Authorized Corp	orate Officer	
DATE: TEL	LEPHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
		(Note: NOT Individual Social	al Security Number)
We the understand offer the	4 (1) 4h	o continue de la Cha	
We the undersigned, attest that Acts of 2004, signed by the built			
license and (2) the certificate o			
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	1101411
DISAPPROVED:		,	
(If disapproved explain)			
		-	
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 15140003/		CITY OR TOWN	WKENTHAM
APPLICATIO	N FOR RENEWAL	: Annual	LICENS	ED FOR 2013
		CLASS		YEAR
DOING BUSI	AME: ON THE FINESS A ON THE FOR SOME SHIP OF	FLY		
CITY/TOWN:	WRENTHAM	STATE: MA	ZIP CODE:	02093
MANAGER:	LAMPARELLI, JAMES V.	TYPE OF LICENSE:P	Package Store CA	TEGORY: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED P RETAIL SPACE	PREMISES:		
2. the	licensee has complicentee premises are now of	l be of the same type for the dwith all laws of the Corpen for business (If not expenses) Partner or Authorized Corpenses	mmonwealth relating to	
DATE:	TELE	EPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSI By:	NG AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	51400038		CI	TY OR TOWN	WRENTHA	AM
APPLICATION FOR R	CATION FOR RENEWAL: Annual LICENSED FOR 201				013	
		CLAS	SS			YEAR
LICENSEE NAME: S	HIVAPOOJA CO	ORPORATION	ſ			
DOING BUSINESS A	SHELDONVILL	E COUNTRY	STORE			
ADDRESS 1063 WEST	ST					
CITY/TOWN: WREN	ТНАМ	STATE:	MA	ZIP CODE:	02093	
MANAGER: PATEL,	SONAL P. TY	PE OF LICEN	SE:Packag	e Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:]
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LIC	CENSED PREMI	SES:				
STORE WITH DELLI.						
I hereby certify and swe	ar under penaltie	s of perjury tha	t:			
1. the renewed	license will be of	the same type	for the san	ne premises nov	v licensed;	
2. the licensee l	nas complied with	n all laws of the	Common	wealth relating	to taxes; and	
3. the premises	are now open for	business (If no	ot explain l	pelow)		
SIGNED BY:						
I	ndividual, Partne	r or Authorized	Corporate	Officer		
DATE:	TELEPHON	NE NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
				(Note: NOT In	dividual Social S	ecurity Number)
Please Check Below:				OCAL LICEN		
APPROVED:				OCAL LICEN	SING AUTHO	JRII I
DISAPPROVED:			L	By:		
(If disapproved explain)			-			
			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 151400039		CITY OR TOWN	WRENTHA	AM
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: JAMES BRE	AKFAST AND MORE II	NC.		
DOING BUSI	NESS A				
ADDRESS 85	0 FRANKLIN STRE	ET			
CITY/TOWN:	WRENTHAM	STATE: MA	ZIP CODE:	02093	
MANAGER:	ARSENAULT, JAMES	TYPE OF LICENSE: Re	estaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:]
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
	N OF LICENSED P				
ONE STORY	BUILDING CONSIS	STING OF 2420 +/-			
I hereby certify	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for the	e same premises now	licensed;	
2. the	licensee has complie	d with all laws of the Com	monwealth relating t	o taxes; and	
3. the	premises are now op-	en for business (If not exp	lain below)		
SIGNED BY:					
	Individual, P	artner or Authorized Corp	orate Officer		
DATE:	TELEI	PHONE NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
We the under	raigned attact that r	ve are in possession (1) tl	no govificato vocavin	od by Chant	on 201 of the
		ng inspector and the hea			
		quor liability insurance			
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI	ED:		•		
(If disapproved	d explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BEK: 151400040		CI.	I Y OK TOWN	WKENIH	AIVI
APPLICATION	FOR RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS	5			YEAR
LICENSEE NAM	ME: THE PROCT	OR MANSION				
	COMMON STREET	7				
CITY/TOWN:		STATE: 1	ΜA	ZIP CODE:	02093	
MANAGER: I		TYPE OF LICENSE			CATEGORY:	Wine and Malt Regular
EMAIL ADDRE		OUR WEBSITE AND ENTER YO	OUR EMAIL .	ADDRESS		
DESCRIPTION	OF LICENSED PR	REMISES:				
WEALTHY IND SERVED. THRI FIVE ENTRANGE	DUSTRIALIST. ON EE LARGE ROOM CES/EXIT DOORS	N. IT WAS ORIGNAL N THE FIRST FLOOR S AS PRESENT INC S ON THE FIRST FLO HE LEFT SIDE AND	R IS ONL LUDING OOR. ON	Y WHERE AI THE BALLR IE IN FRONT,	COHOLIC WOOM. THER	/ILL BE E ARE
I hereby certify a	and swear under per	nalties of perjury that:				
1. the re	enewed license will	be of the same type fo	r the sam	e premises nov	w licensed;	
	-	d with all laws of the C en for business (If not		_	to taxes; and	
SIGNED BY:	Individual, P	artner or Authorized C	Corporate	Officer		
DATE:	TELEF	PHONE NUMBER:			ER IDENTIFICAT	
Acts of 2004, si	gned by the buildi	ve are in possession (ng inspector and the quor liability insura	head of	the fire depar	tment for the	above named
Please Check Below	<u>v:</u>		L	OCAL LICEN	SING AUTH	ORITY
APPROVED:			В	y:		
DISAPPROVED						
(If disapproved e	expiain)		_			
			=			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400041	C	ITY OR TOWN	WRENTHA	AM
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: NANCY LOCKW	OOD			
DOING BUSINESS A THE TERRACE	CAFÉ			
ADDRESS 36 SOUTH STREET				
CITY/TOWN: WRENTHAM	STATE: MA	ZIP CODE:	02093	
MANAGER: LOCKWOOD, TYI NANCY	PE OF LICENSE: Restau	ırant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAIL	L ADDRESS		1
DESCRIPTION OF LICENSED PREMIS				
THE CAFÉ HAS SEATING FOR 34 PECENTRANCE AND EXIT IN THE FROM HAND SIDE OF THE BUILDING . THE	T OF THE BUILDING	AND AN EXIT (ON THE RIC	HT
I hereby certify and swear under penalties	s of perjury that:			
1. the renewed license will be of	the same type for the same	me premises now	licensed;	
2. the licensee has complied with		•	taxes; and	
3. the premises are now open for	business (If not explain	below)		
SIGNED BY: Individual, Partner	or Authorized Corporat	e Officer		
	or Authorized Corporat	e Officer		
Individual, Partner	or Authorized Corporat			ION NUMBER: ecurity Number)
Individual, Partner	IE NUMBER: e in possession (1) the cospector and the head of	EMPLOYER (Note: NOT Indi	vidual Social So d by Chapte nent for the	er 304 of the above named
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below:	TE NUMBER: In possession (1) the cospector and the head of liability insurance requ	EMPLOYER (Note: NOT Indi	vidual Social So d by Chapte nent for the 116 of the A	er 304 of the above named Acts of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inclicense and (2) the certificate of liquor Please Check Below: APPROVED:	IE NUMBER: in possession (1) the cospector and the head of liability insurance requires	EMPLOYER (Note: NOT Indientificate requirents of the fire departments of the by Chapter	vidual Social So d by Chapte nent for the 116 of the A	er 304 of the above named Acts of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	IE NUMBER: in possession (1) the cospector and the head of liability insurance requires	EMPLOYER (Note: NOT Indi ertificate require f the fire departured by Chapter LOCAL LICENS	vidual Social So d by Chapte nent for the 116 of the A	er 304 of the above named Acts of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inclicense and (2) the certificate of liquor Please Check Below: APPROVED:	IE NUMBER: in possession (1) the cospector and the head of liability insurance requires	EMPLOYER (Note: NOT Indi ertificate require f the fire departured by Chapter LOCAL LICENS	vidual Social So d by Chapte nent for the 116 of the A	er 304 of the above named Acts of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	IE NUMBER: in possession (1) the cospector and the head of liability insurance requires	EMPLOYER (Note: NOT Indi ertificate require f the fire departured by Chapter LOCAL LICENS	vidual Social So d by Chapte nent for the 116 of the A	er 304 of the above named Acts of 2010.